# 2004 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L02000007324**

**1.** Entity Name
BLUE RIBBON, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 715 NORA ROAD *Nova* ORMOND BEACH, FL 32174 | 715 NORA ROAD *Nova* ORMOND BEACH, FL 32174 |

**24050151**

04192004 No Chg-LLC        CR2E083 (10/03)

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| 4. FEI Number 04-3638708 | Applied For / Not Applicable |
|---|---|

**5.** Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TAVARES, TANYA
39 WATERBLUFF DRIVE
ORMOND BEACH, FL 32174

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**8.** The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____
Signature, typed or printed name of registered agent and title if applicable.    (NOTE: Registered Agent signature required when reinstating)    DATE

Filing Fee is $50.00
Due by May 1, 2004

**9.** MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | TAVARES, TANYA |
| STREET ADDRESS | 39 WATERBLUFF DRIVE *39* |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 |
| TITLE | |
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| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** _(TANYA TAVARES)_    4/19/04    (386) 677-0111
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #